

Wisconsin Department of Safety and Professional Services

Mail To: P.O. Box 8935
Madison, WI 53708-8935
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Ship To: 4822 Madison Yards Way
Madison, WI 53705
E-Mail: dsps@wisconsin.gov
Website: <http://dsps.wi.gov>

DIVISION OF PROFESSIONAL CREDENTIAL PROCESSING

SIGN LANGUAGE INTERPRETER

REQUEST FOR VERIFICATION OF BOARD OF EVALUATION OF INTERPRETERS (BEI) CERTIFICATION

APPLICANT: Please submit this form to the State in which the BEI was taken. Verification of BEI Certification must be submitted directly to DSPS from the State.

Last	First Name	MI	Former / Maiden Name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address: (number, street, city, zip code)

Social Security #: (voluntary) - -

Daytime Phone Number: - -

Date of Birth: / /

Name on Certification Records: (if different from above)

BEI Certification Number:

Month/Year of Written Exam: /

Level of Certification:

Month/Year of Certification: /

Expiration of Certification: /

/ /

Applicant Signature

Date

STATE AGENCY OR DEPARTMENT: Please submit to the State of Wisconsin evidence that the individual named above has successfully completed certification requirements as indicated above and return directly to DSPS. You may fax/email with facility cover sheet/letter to: (608) 251-3036 or DSPPSignLanguageInterpreters@wisconsin.gov.